NEWs By and the number of each in	
ease of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.	
ase of more t	

	BUREAU OF VITAL STATISTICS FANDARD CERTIFICATE OF BIRTH State File No. Registered No.	
County GILLA	State ARIZONA	
District or Township Or Village No BIRTH OCCURED IN A HOUSE St. DO NOT KNOWard (If birth occurred in a hospital or institution, give its NAME instead of street and number) (If child is not yet named, make supplemental report, as directed.		
2. Full name of child		
in event of plural	in order of birth	
8. FATHER	14. MOTHER	
Full name JOHN EVICEVICH Full maiden name MAGGIE KRALJEVICH		
9. Residence (Usual place of abode) If non-resident, give place and state.	ONA 15 Residence (Usual place of abode) If non-resident, give place and state.	
10. Color or race WHITE 11. Age at last birthday.	27 (Years) WHITE 17. Age at last birthday25(Years)	
12. Birthplace (city or place) (State or country) YUGO-SIAVIA. 2AOSTROG, DALMATIA, (State or country) YUGO-SIAVIA. (State or country) YUGO-SIAVIA.		
13. Occupation FARMER Nature of industry FARMING IN GEN		
20. Number of children of this mother 120 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn. 21. Were precautions taken against ophthalmia neonatorum? YES.		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIPE* ALIVE at GLORE m. on the date above stated		
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows the evidence of life after birth.	notive (Borg alive og stilborn) 8-731-438 UNCLE)	